

Fill in this information to identify the case:Debtor name TG Turnkey, LLCUnited States Bankruptcy Court for the: WESTERN DISTRICT OF MICHIGANCase number (if known) 22-00303

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☐ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☐ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☐ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☐ *Schedule H: Codebtors* (Official Form 206H)
- ☐ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☒ *Amended Schedule* A/B-H
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 27, 2022**X /s/ Kevin Kyle**

Signature of individual signing on behalf of debtor

Kevin Kyle

Printed name

President

Position or relationship to debtor

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Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals

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Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **999,057.00****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **999,057.00****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **6,235,740.09****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **0.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **1,627,761.80****4. Total liabilities**Lines 2 + 3a + 3b \$ **7,863,501.89**

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Official Form 206A/B**Schedule A/B: Assets - Real and Personal Property**

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
☐ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

- ☐ No. Go to Part 3.
☐ Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

- ☐ No. Go to Part 4.
☐ Yes Fill in the information below.

Part 4: Investments

13. Does the debtor own any investments?

- ☐ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

General description

Date of the last physical inventory

Net book value of debtor's interest (Where available)

Valuation method used for current value

Current value of debtor's interest

19. Raw materials

Debtor TG Turnkey, LLC
NameCase number (If known) 22-00303**Raw materials****\$21,000.00****FMV****\$21,000.00**20. **Work in progress**21. **Finished goods, including goods held for resale**22. **Other inventory or supplies**23. **Total of Part 5.****\$21,000.00**

Add lines 19 through 22. Copy the total to line 84.

24. **Is any of the property listed in Part 5 perishable?**☒ No☐ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value

Valuation method

Current Value

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.**General description****Net book value of
debtor's interest
(Where available)****Valuation method used
for current value****Current value of
debtor's interest**39. **Office furniture**40. **Office fixtures
Office fixtures****\$2,000.00****FMV****\$2,000.00**41. **Office equipment, including all computer equipment and
communication systems equipment and software
Office furniture****\$5,000.00****FMV****\$5,000.00****Computer Hardware****\$5,000.00****FMV****\$5,000.00****Computer Software****\$5,000.00****FMV****\$5,000.00**42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

Debtor **TG Turnkey, LLC**
NameCase number (If known) **22-00303****43. Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$17,000.00**44. Is a depreciation schedule available for any of the property listed in Part 7?**

- ☒ No
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No
☒ Yes

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
☒ Yes Fill in the information below.

General description

Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)

Net book value of debtor's interest
(Where available)**Valuation method used for current value****Current value of debtor's interest****47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles****48. Watercraft, trailers, motors, and related accessories** Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels**49. Aircraft and accessories****50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**
Machinery & Equipment
(See Attached)**\$961,057.00****FMV****\$961,057.00****51. Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$961,057.00**52. Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. Has any of the property listed in Part 8 been appraised by a professional within the last year?

- ☐ No
☒ Yes

Part 9: Real property**54. Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example,

Nature and extent of debtor's interest in property**Net book value of debtor's interest**
(Where available)**Valuation method used for current value****Current value of debtor's interest**

Debtor **TG Turnkey, LLC**

Name

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acreage, factory, warehouse,
apartment or office building, if
available.

55.1.

**Leasehold
Improvements**

\$10,105.50**FMV****\$0.00****56. Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
Copy the total to line 88.

\$0.00**57. Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes**58. Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10: Intangibles and intellectual property****59. Does the debtor have any interests in intangibles or intellectual property?**☐ No. Go to Part 11.☒ Yes Fill in the information below.**General description**

**Net book value of
debtor's interest**
(Where available)

**Valuation method used
for current value**

**Current value of
debtor's interest**

60. Patents, copyrights, trademarks, and trade secrets**61. Internet domain names and websites****62. Licenses, franchises, and royalties****63. Customer lists, mailing lists, or other compilations**

64. Other intangibles, or intellectual property
Start-up expenses

\$16,518.00**FMV****\$0.00****Closing Costs****\$17,500.00****FMV****\$0.00**

65. Goodwill
Goodwill

\$15,000.00**FMV****\$0.00****66. Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00**67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107?)**☒ No☐ Yes**68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes

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69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

☒ No☐ Yes**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of
debtor's interest71. **Notes receivable**
Description (include name of obligor)72. **Tax refunds and unused net operating losses (NOLs)**
Description (for example, federal, state, local)73. **Interests in insurance policies or annuities**74. **Causes of action against third parties (whether or not a lawsuit has been filed)****TG Turnkey, LLC v LabCase, LLC****Case No. 20-0177-GC****Uncollectable, business closed****\$0.00****Nature of claim****Judgment \$13,217.99****Amount requested****\$13,217.99**75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**76. **Trusts, equitable or future interests in property**77. **Other property of any kind not already listed** Examples: Season tickets, country club membership78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$0.00

79. Has any of the property listed in Part 11 been appraised by a professional within the last year?

☒ No☐ Yes

Debtor **TG Turnkey, LLC**
NameCase number (If known) **22-00303****Part 12: Summary****In Part 12 copy all of the totals from the earlier parts of the form**

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$0.00	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$0.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$0.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$21,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$17,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$961,057.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$0.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$0.00	
91. Total. Add lines 80 through 90 for each column	\$999,057.00	+ 91b. \$0.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$999,057.00

Fill in this information to identify the case:

Debtor name **TG Turnkey, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **22-00303**
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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

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Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Bank of America Creditor's Name 2600 West Big Beaver Road Troy, MI 48084 Creditor's mailing address dlerner@plunkettcooney.com Creditor's email address, if known Date debt was incurred 2020- Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All Assets Describe the lien UCC Financing Statement- Line of Credit Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,111,918.81	\$5,000,000.00
2.2	Bank of America Creditor's Name 2600 West Big Beaver Road Troy, MI 48084 Creditor's mailing address dlerner@plunkettcooney.com Creditor's email address, if known Date debt was incurred 2020- Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien All Assets Describe the lien UCC Financing Statement- Line of Credit Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,108,606.47	\$5,000,000.00

Debtor **TG Turnkey, LLC**
NameCase number (if known) **22-00303**☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☒ Unliquidated☐ Disputed**2.3 Michigan Dept. of Treasury**

Creditor's Name

Collections**PO Box 30199****Lansing, MI 48909**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

7/2021-

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

All Assets**\$15,214.81****\$5,000,000.00**

Describe the lien

UCC Financing Statement- 2020 Withholding Taxes

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$6,235,740.09**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**17th Circuit Court
Case No. 22-01336-CB
180 Ottawa Ave NW
Grand Rapids, MI 49503**Line **2.1****17th Circuit Court
Case No. 22-01336-CB
180 Ottawa Ave NW
Grand Rapids, MI 49503**Line **2.2****David L. Lerner, Esq.
Plunkett Cooney
38505 Woodward Ave
Suite 100
Bloomfield Hills, MI 48304**Line **2.1****David L. Lerner, Esq.
Plunkett Cooney
38505 Woodward Ave
Suite 100
Bloomfield Hills, MI 48304**Line **2.2**

Debtor **TG Turnkey, LLC**

Name

Case number (if known)

22-00303

Peter D. Cronk, Esq.

Plunkett Cooney

101 N. Washington Square

Suite 1200

Lansing, MI 48933

Line **2.1**

Peter D. Cronk, Esq.

Plunkett Cooney

101 N. Washington Square

Suite 1200

Lansing, MI 48933

Line **2.2**

Fill in this information to identify the case:

Debtor name **TG Turnkey, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **22-00303**
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Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

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Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.
Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address A-Z Packaging 143 E. Pond Drive Romeo, MI 48065 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.38
3.2	Nonpriority creditor's name and mailing address Absopure Water Company PO Box 701760 Plymouth, MI 48170 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.94
3.3	Nonpriority creditor's name and mailing address Advance Plating & Finishing 840 Coatta Grove SE Grand Rapids, MI 49507 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$27,756.50
3.4	Nonpriority creditor's name and mailing address Advantage Mechanical Refridge 4870-F West River Drive Comstock Park, MI 49321 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,590.25

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3.5	Nonpriority creditor's name and mailing address Air Components Inc. PO Box 9385 Wyoming, MI 49509 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,814.53
3.6	Nonpriority creditor's name and mailing address All State Crane & Rigging 500 E. 8th Street Suite 1000 Holland, MI 49423 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$466.25
3.7	Nonpriority creditor's name and mailing address All-Phase MI Division PO Box 310660 Des Moines, IA 50331 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,189.95
3.8	Nonpriority creditor's name and mailing address American System Register, LLC 5281 Clyde Park Ave SW #1 Grand Rapids, MI 49512 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
3.9	Nonpriority creditor's name and mailing address Arrowaste, Inc. PO Box 828 Jenison, MI 49429 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,621.81
3.10	Nonpriority creditor's name and mailing address AT&T PO Box 5014 Carol Stream, IL 60197 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,184.71
3.11	Nonpriority creditor's name and mailing address AZZ Galvanizing PO Box 843771 Dallas, TX 75284 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,530.00

Debtor **TG Turnkey, LLC**
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3.12	Nonpriority creditor's name and mailing address B&L Bolt 760 32nd Street SE Grand Rapids, MI 49548 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,031.48
3.13	Nonpriority creditor's name and mailing address Beaver Research Co. 3700 E. Kilgore Road Portage, MI 49002 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$579.85
3.14	Nonpriority creditor's name and mailing address Bisco Industries PO Box 68062 Anaheim, CA 92817 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,924.52
3.15	Nonpriority creditor's name and mailing address Boyer Steel Inc. 26532 Groesbeck Hwy Warren, MI 48089 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,190.46
3.16	Nonpriority creditor's name and mailing address Bravo! 300 Ed LeBoeuf Drive Battle Creek, MI 49037 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,257.62
3.17	Nonpriority creditor's name and mailing address Bystronic, Inc. 2200 W. Central Road Hoffman Estates, IL 60192 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$814.31
3.18	Nonpriority creditor's name and mailing address Central Steel & Wire PO Box 734082 Chicago, IL 60673 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,805.50

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3.19	Nonpriority creditor's name and mailing address CertaSite, LLC 4303 40th Street SE Grand Rapids, MI 49512 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$530.31
3.20	Nonpriority creditor's name and mailing address Charter Steel 4401 West Roosevelt Road Chicago, IL 60624 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,292.98
3.21	Nonpriority creditor's name and mailing address Cincinnati, Inc. PO Box 11111 Cincinnati, OH 45211 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,550.00
3.22	Nonpriority creditor's name and mailing address Cintas Corporation #301 PO Box 630910 Cincinnati, OH 45263 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,120.94
3.23	Nonpriority creditor's name and mailing address Circle Logistics, Inc. PO Box 8067 Fort Wayne, IN 46898 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,120.94
3.24	Nonpriority creditor's name and mailing address City of Grand Rapids Water 300 Monroe Ave. NW Grand Rapids, MI 49503 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$711.05
3.25	Nonpriority creditor's name and mailing address Comcast Business PO Box 70219 Philadelphia, PA 19176 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$596.70

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3.26	Nonpriority creditor's name and mailing address Consolidated Metals Inc. 1805 Copeland Street Jacksonville, FL 32204 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,380.32
3.27	Nonpriority creditor's name and mailing address Custometal Products, Inc. 180 Kerth Street Saint Joseph, MI 49085 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$388.00
3.28	Nonpriority creditor's name and mailing address D Lawsless Hardware 1707 E. Main Street Olney, IL 62450 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$217.19
3.29	Nonpriority creditor's name and mailing address Dre Plowing Service c/o Andre Brown 119 Dickinson SE Grand Rapids, MI 49507 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$500.00
3.30	Nonpriority creditor's name and mailing address DTE Energy PO Box 740786 Cincinnati, OH 45274 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,718.88
3.31	Nonpriority creditor's name and mailing address Factory Steel & Metal Supply 14020 Oakland Avenue Highland Park, MI 48203 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$767.00
3.32	Nonpriority creditor's name and mailing address FedEX Bankruptcy Dept. 3965 Airways Blvd Module G- 3rd Floor Memphis, TN 38116 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$292.08

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3.33	Nonpriority creditor's name and mailing address Fence Consultants of West MI 615 Eleventh Street NW Grand Rapids, MI 49504 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$649.40
3.34	Nonpriority creditor's name and mailing address Fifth Wheel Freight, LLC 4460 44th Street Suite D Grand Rapids, MI 49512 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,075.00
3.35	Nonpriority creditor's name and mailing address Fire Fighter Sales & Service 3015 Masison SE Grand Rapids, MI 49548 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$632.76
3.36	Nonpriority creditor's name and mailing address First Bankcard PO Box 2557 Omaha, NE 68103 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Charge Account Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,061.80
3.37	Nonpriority creditor's name and mailing address Fitzmark 950 Dorman Street Indianapolis, IN 46202 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,700.00
3.38	Nonpriority creditor's name and mailing address GBA Supply 441 University Blvd Birmingham, AL 35205 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80,890.10
3.39	Nonpriority creditor's name and mailing address Geener Building Mechanical 10971 2 Mile Road Lowell, MI 49331 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,772.10

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3.40	Nonpriority creditor's name and mailing address Golden Eagle Pallets, LLC 1701 Clyde Park Street SW Unit B-50 Wyoming, MI 49509 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,146.00
3.41	Nonpriority creditor's name and mailing address Goshen Stamping 1025 S. 10th Street Goshen, IN 46526 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$31,770.16
3.42	Nonpriority creditor's name and mailing address Grainger Dept. 803639590 Palatine, IL 60038 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,414.19
3.43	Nonpriority creditor's name and mailing address Great America Financial Serv PO Box 660831 Dallas, TX 75266 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,300.18
3.44	Nonpriority creditor's name and mailing address Griffon Steel Corporation 1561 E. Highwood Pontiac, MI 48340 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,725.00
3.45	Nonpriority creditor's name and mailing address Guardian Alarm 75 Remittance Department 1376 Chicago, IL 60675 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$775.92
3.46	Nonpriority creditor's name and mailing address Harbor Steel & Supply Corp. PO Box 4250 Muskegon, MI 49444 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,352.60

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3.47	Nonpriority creditor's name and mailing address Heneveld Group, LLC 480 North Fairview Road Suite 8 Zeeland, MI 49464 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,161.60
3.48	Nonpriority creditor's name and mailing address Integration Technologies, Inc. PO Box 147 Muskegon, MI 49443 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.00
3.49	Nonpriority creditor's name and mailing address J&L Roofing 567 11th Street NE Grand Rapids, MI 49504 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,770.00
3.50	Nonpriority creditor's name and mailing address Kaat's Water Conditioning, Inc PO Box 140714 Grand Rapids, MI 49514 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,286.80
3.51	Nonpriority creditor's name and mailing address Lafayette Steel & Aluminum PO Box 95164 Chicago, IL 60694 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$284,318.04
3.52	Nonpriority creditor's name and mailing address LaserTec 715 Callaghan Street Greenville, MI 48838 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$96,433.87
3.53	Nonpriority creditor's name and mailing address Leader Lights 5171 Plainfield Ave NE Grand Rapids, MI 49525 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,614.89

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3.54	Nonpriority creditor's name and mailing address LRS, LLC PO Box 49736 Cookeville, TN 38506 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,332.67
3.55	Nonpriority creditor's name and mailing address Machine Ethics of West MI 1889 SunDolphin Drive Suite B Muskegon, MI 49444 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,746.85
3.56	Nonpriority creditor's name and mailing address Machine Star, LLC 4674 Clay Ave SW, Suite D Grand Rapids, MI 49548 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$32,098.14
3.57	Nonpriority creditor's name and mailing address Marlboro Manufacturing 11750 Marlboro Ave NE Alliance, OH 44601 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,433.60
3.58	Nonpriority creditor's name and mailing address McClays Logistics 31201 Chicago Road S Warren, MI 48093 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$7,134.00
3.59	Nonpriority creditor's name and mailing address McMaster-Carr 200 Aurora Industrial Pkwy Aurora, OH 44202 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,266.47
3.60	Nonpriority creditor's name and mailing address McNichols Company PO Box 101211 Atlanta, GA 30392 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,754.00

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3.61	Nonpriority creditor's name and mailing address Med-1 Breton PO Box 3319 Grand Rapids, MI 49501 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65.00
3.62	Nonpriority creditor's name and mailing address Med-1 Leonard PO Box 3320 Grand Rapids, MI 49501 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$250.00
3.63	Nonpriority creditor's name and mailing address Mercury Products 1201 S. Mercury Drive Schaumburg, IL 60193 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,895.00
3.64	Nonpriority creditor's name and mailing address Metal Finishing 2652 Hoyt Street Muskegon, MI 49444 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$80.00
3.65	Nonpriority creditor's name and mailing address Millennium Metals, LLC PO Box 95052 Chicago, IL 60694 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,537.99
3.66	Nonpriority creditor's name and mailing address Miller Industrial Gasses 505 Grandville Ave SW Grand Rapids, MI 49503 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
3.67	Nonpriority creditor's name and mailing address Miller Welding 505 Grandville Avenue SW Grand Rapids, MI 49503 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,492.66

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3.68	Nonpriority creditor's name and mailing address Model First Aid & Safety PO Box 8037 Grand Rapids, MI 49518 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$441.91
3.69	Nonpriority creditor's name and mailing address Nortek Powder Coating, LLC 5900 Success Drive Rome, NY 13440 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,340.60
3.70	Nonpriority creditor's name and mailing address Packer Fastener 728 Lombardi Ave Green Bay, WI 54304 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,437.55
3.71	Nonpriority creditor's name and mailing address Praxair Dept Ch 10660 Palatine, IL 60055 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,157.14
3.72	Nonpriority creditor's name and mailing address Precision Wire EDM Service Inc 3180 Three Mile Road NW Walker, MI 49544 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,719.74
3.73	Nonpriority creditor's name and mailing address Production Tool Supply PO Box 670587 Detroit, MI 48267 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.94
3.74	Nonpriority creditor's name and mailing address Protective Coating Associates 404 Union Street Bronson, MI 49028 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,555.81

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3.75	Nonpriority creditor's name and mailing address Purforms, Inc. 615 Chatham Street Lowell, MI 49331 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,091.60
3.76	Nonpriority creditor's name and mailing address Purity Cylinder Gases, Inc. PO Box 9390 Wyoming, MI 49509 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,181.12
3.77	Nonpriority creditor's name and mailing address Quill Corporation PO Box 37600 Philadelphia, PA 19101 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,907.21
3.78	Nonpriority creditor's name and mailing address Renosol Corporation 691 River Road Bay City, MI 48708 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,363.28
3.79	Nonpriority creditor's name and mailing address Richardson Electronics Ltd. 40W267 Keslinger Road PO Box 393 Lafox, IL 60147 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$9,865.00
3.80	Nonpriority creditor's name and mailing address S&S Hinge Company 210 Covington Drive Bloomington, IL 60108 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,029.65
3.81	Nonpriority creditor's name and mailing address Seaver Finishing E-Coat 1645 Marion Street Grand Haven, MI 49417 Date(s) debt was incurred <u>2021-</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Supplier</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$323.04

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3.82	Nonpriority creditor's name and mailing address Smart Business Source 1940 Northwood Drive Troy, MI 48084 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$40.55
3.83	Nonpriority creditor's name and mailing address Smitter Pest Control 1650 Division Ave Grand Rapids, MI 49507 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$412.00
3.84	Nonpriority creditor's name and mailing address Stephens Pipe & Steel PO Box 618 Russell Springs, KY 42642 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$481,970.84
3.85	Nonpriority creditor's name and mailing address Striker Sheet Metal PO Box 41 White House, TN 37188 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,035.00
3.86	Nonpriority creditor's name and mailing address Supply Geeks- Smart Business 4157 40th Street SE Grand Rapids, MI 49512 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$308.59
3.87	Nonpriority creditor's name and mailing address Target Steel Dept. 78017 PO Box 77000 Detroit, MI 48278 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$123,149.65
3.88	Nonpriority creditor's name and mailing address The Bolt Bin 11331 3rd Ave NW Grand Rapids, MI 49534 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,585.46

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3.89	Nonpriority creditor's name and mailing address The DECC Company 1266 Wallen Ave SW Grand Rapids, MI 49507 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,169.20
3.90	Nonpriority creditor's name and mailing address The Yost Superior Co. 300 South Center Street PO Box 1487 Springfield, OH 45501 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$254.82
3.91	Nonpriority creditor's name and mailing address Timber Ridge Tree Care, LLC 4327 Abigador Trl NE Comstock Park, MI 49321 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,000.00
3.92	Nonpriority creditor's name and mailing address TJ Pant, LLC 25993 US 12 Sturgis, MI 49091 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,200.00
3.93	Nonpriority creditor's name and mailing address Transport Repair Services Inc. 541 Burton Street SW Grand Rapids, MI 49507 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,415.97
3.94	Nonpriority creditor's name and mailing address TRUMPF, Inc. Dept. 135 PO Box 150473 Hartford, CT 06115 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,490.85
3.95	Nonpriority creditor's name and mailing address Tube Fabricators, Inc. 66889 Halfway Road PO Box 338 Burr Oak, MI 49030 Date(s) debt was incurred 2021- Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,251.02

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3.96	Nonpriority creditor's name and mailing address Uline PO Box 88741 Chicago, IL 60680 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$688.54
3.97	Nonpriority creditor's name and mailing address United Fastener & Supply Co. 2716 Courier Drive NW, Suite B Grand Rapids, MI 49534 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,176.84
3.98	Nonpriority creditor's name and mailing address Vitan Equipment PO Box 77000 Dept. 771318 Detroit, MI 48277 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,264.41
3.99	Nonpriority creditor's name and mailing address West Michigan Tube & Wire PO Box 4589 Muskegon, MI 49444 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,434.97
3.100	Nonpriority creditor's name and mailing address Wilson Tool CM#9676 PO Box 70870 Saint Paul, MN 55170 Date(s) debt was incurred 2021- Last 4 digits of account number	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Supplier Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,531.26

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Dan Murphy Muphy Lomon & Associates 2860 River Road, Suite 200 Des Plaines, IL 60018	Line 3.9 <input type="checkbox"/> Not listed. Explain	—
4.2	Euler Hermes Collection 800 Red Brook Blvd Suite 400C Owings Mills, MD 21117	Line 3.34 <input type="checkbox"/> Not listed. Explain	—

Debtor **TG Turnkey, LLC**

Name

Case number (if known) **22-00303**

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.3	Foster Swift 1700 E. Beltline NE, Suite 200 Grand Rapids, MI 49525	Line 3.88 <input type="checkbox"/> Not listed. Explain _____	—
4.4	IC Systems, Inc. 444 Highway 96 East PO Box 64378 Saint Paul, MN 55164	Line 3.10 <input type="checkbox"/> Not listed. Explain _____	—
4.5	Liberty Mutual Ins. Co. 175 Berkley Street Boston, MA 02116	Line 3.84 <input type="checkbox"/> Not listed. Explain _____	—
4.6	Michigan Department of Transportation PO Box 30050 Lansing, MI 48909	Line 3.84 <input type="checkbox"/> Not listed. Explain _____	—
4.7	Recovery One PO Box 20404 Columbus, OH 43220	Line 3.50 <input type="checkbox"/> Not listed. Explain _____	—
4.8	Wilson Tool International 12912 Farnham Avenue Saint Paul, MN 55110	Line 3.100 <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b.	+ \$ 1,627,761.80
5c.	\$ 1,627,761.80

Fill in this information to identify the case:Debtor name **TG Turnkey, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **22-00303**
☐ Check if this is an amended filing
Official Form 206G**Schedule G: Executory Contracts and Unexpired Leases**

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Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?
☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal*
Property

(Official Form 206A/B).

2. List all contracts and unexpired leases
State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease
2.1. State what the contract or lease is for and the nature of the debtor's interest

**Commercial Lease-
739 Cottage Grove Ave
Grand Rapids, MI 49507**

State the term remaining

List the contract number of any government contract

**APF Properties
c/o Smith Haughey Rice Roegge
100 Monroe Center Street NW
Grand Rapids, MI 49503**

Fill in this information to identify the case:

Debtor name **TG Turnkey, LLC**United States Bankruptcy Court for the: **WESTERN DISTRICT OF MICHIGAN**Case number (if known) **22-00303**
☐ Check if this is an amended filing

Official Form 206H

Schedule H: Your Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1

Richard Achtenberg

1648 Casey Key
Punta Gorda, FL 33950

Bank of America

☒ D 2.1
☐ E/F
☐ G

2.2

Richard Achtenberg

1648 Casey Key
Punta Gorda, FL 33950

Bank of America

☒ D 2.2
☐ E/F
☐ G

2.3

TG Coatings, LLC

1840 142nd Ave
Dorr, MI 49323

Bank of America

☒ D 2.1
☐ E/F
☐ G

2.4

TG Coatings, LLC

1840 142nd Ave
Dorr, MI 49323

Bank of America

☒ D 2.2
☐ E/F
☐ G

2.5

TG Manufacturing, LLC

1530 Eastern Avenue
Grand Rapids, MI 49507

Bank of America

☒ D 2.1
☐ E/F
☐ G

Debtor **TG Turnkey, LLC**Case number (if known) **22-00303****Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor

Column 2: Creditor

2.6	TG Manufacturing, LLC	1530 Eastern Avenue Grand Rapids, MI 49507	Bank of America	<input checked="" type="checkbox"/> D 2.2 <input type="checkbox"/> E/F <input type="checkbox"/> G
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2.7	APF Properties	c/o Smith Haughey Rice Roegge 100 Monroe Center Street NW Grand Rapids, MI 49503	APF Properties	<input type="checkbox"/> D <input type="checkbox"/> E/F <input checked="" type="checkbox"/> G 2.1
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